

LAKEWOOD POLICE DEPARTMENT FORCE RESPONSE REVIEW

Officer Involved <u>J. Syler K9 30</u>	Date of Incident <u>6-27-10</u>	Time of Incident <u>0420</u>	Case # <u>10 178 0290</u>
Location of Incident <u>[REDACTED]</u>	Street <u>ST CT SW</u>	City <u>LAKEWOOD, WA</u>	State <u>WA</u>
Location Type: <input type="checkbox"/> Single family residence <input checked="" type="checkbox"/> Multi-family complex <input type="checkbox"/> Business <input type="checkbox"/> Parking Lot <input type="checkbox"/> Roadway <input type="checkbox"/> Park <input type="checkbox"/> School <input type="checkbox"/> Other:			

SUBJECT INFORMATION

Name <u>SAIDANA, NOEL A</u>	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> 10-13 YOA <input type="checkbox"/> 14-17 YOA <input type="checkbox"/> 18-24 YOA <input checked="" type="checkbox"/> 25-35 YOA <input type="checkbox"/> 36-45 YOA <input type="checkbox"/> Older	Physicals Height: <u>506</u> Weight: <u>180</u>
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FORCE FACTORS (Check all boxes that apply)

Conduct of Subject <input checked="" type="checkbox"/> Refusing to comply with verbal orders <input type="checkbox"/> passively resisting arrest <input checked="" type="checkbox"/> actively resisting arrest / not physically combative <input type="checkbox"/> verbally combative/ challenging an officer <input type="checkbox"/> aggressive stance <input type="checkbox"/> charging an officer or another <input type="checkbox"/> attempting to strike an officer or another <input type="checkbox"/> active shooter	Potential Danger <input checked="" type="checkbox"/> subject has / or has been reported to have harmed property <input type="checkbox"/> subject has / or has been reported to have harmed person(s) <input type="checkbox"/> subject has / or is reported to have knowledge of a fighting art/skill <input checked="" type="checkbox"/> subject has known history of violence	Mental Capacity <input checked="" type="checkbox"/> subject appears to be under the influence of drugs and/ or alcohol <input type="checkbox"/> subject has known previous history of mental illness <input type="checkbox"/> subject appears to be mentally ill
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Proximity of Weapons Subject Armed with: <input type="checkbox"/> firearm <input type="checkbox"/> sharp/stabbing instrument <input type="checkbox"/> club / impact weapon <input checked="" type="checkbox"/> other: <u>UNIK</u> <input type="checkbox"/> immediate access to weapon <input type="checkbox"/> access to weapon if he/she escapes officer control and/or presence	Suspected Offense <input type="checkbox"/> property crime <input checked="" type="checkbox"/> violent crime / no weapons known to be involved <input type="checkbox"/> violent crime / weapons involved <input type="checkbox"/> violent crime / known injuries <input checked="" type="checkbox"/> other: <u>_____</u>	Other Exigent Circumstances (Describe) <u>SUSPECT FAILED TO COMPLY WITH VERBAL K-9 WARNING. MADE NO ATTEMPT TO GIVE UP PRIOR TO K-9 CONTACT</u>
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FORCE USED TO CONTROL

Physical Control ▶ Type of physical control used: <input type="checkbox"/> physical strength <input type="checkbox"/> counter-joint control hold <input type="checkbox"/> arm bar take-down <input type="checkbox"/> other take-down (describe below) <input type="checkbox"/> strike / punch <input type="checkbox"/> kick	OC Spray ▶ Type of OC: <input type="checkbox"/> stream <input type="checkbox"/> fog ▶ Distance from subject: <input type="checkbox"/> 1-3ft <input type="checkbox"/> 3-6ft <input type="checkbox"/> 6+ ft ▶ Number of times sprayed: ▶ Was spray effective: <input type="checkbox"/> yes <input type="checkbox"/> no Other Force <input type="checkbox"/> Describe:	Taser ▶ Deployment: <input type="checkbox"/> contact <input type="checkbox"/> air cartridge ▶ Distance from subject: <input type="checkbox"/> 1-8ft <input type="checkbox"/> 8-15ft <input type="checkbox"/> 15-21ft ▶ Did both hooks contact subject: <input type="checkbox"/> yes <input type="checkbox"/> no ▶ Full 5 second cycle: <input type="checkbox"/> yes <input type="checkbox"/> no ▶ Was Taser effective: <input type="checkbox"/> yes <input type="checkbox"/> no ▶ Number of times Taser activated: ▶ Serial number of Taser:	Impact Weapon ▶ Type of impact weapon: <input type="checkbox"/> ASP <input type="checkbox"/> Wooden baton <input type="checkbox"/> Shotgun <input type="checkbox"/> Bean Bag <input type="checkbox"/> Rocket Serial Number: <input type="checkbox"/> Other(describe) fist ▶ Approximate number of times struck: ▶ Was impact weapon effective: <input type="checkbox"/> yes <input type="checkbox"/> no	LVNR (Lateral Vascular Neck Restraint) <input type="checkbox"/> Level 1 compression <input type="checkbox"/> Level 2 compression <input type="checkbox"/> Level 3 compression <input type="checkbox"/> K-9 contact ▶ Handler On-view <input checked="" type="checkbox"/> yes <input type="checkbox"/> no ▶ Dog bite/hold <input checked="" type="checkbox"/> yes <input type="checkbox"/> no ▶ Approximate times bitten: ▶ Subject struck dog <input type="checkbox"/> yes <input checked="" type="checkbox"/> no ▶ Photos taken? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Lethal ▶ Firearm discharged: <input type="checkbox"/> yes <input type="checkbox"/> no ▶ Approximate times fired: ▶ Subject struck: <input type="checkbox"/> yes <input type="checkbox"/> no ▶ Type of firearm: <input type="checkbox"/> 9mm sidearm <input type="checkbox"/> 40cal sidearm <input type="checkbox"/> 45cal. sidearm <input type="checkbox"/> rifle <input type="checkbox"/> shotgun <input type="checkbox"/> buckshot <input type="checkbox"/> slug <input type="checkbox"/> other lethal force: (describe)
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2010 WOF-080; 10-1780290

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INJURIES

<p>Diagrams</p> <p>► Use a dot to indicate part of body struck with strike/punch. (•)</p> <p>► Use an arrow to indicate part of body struck with Taser. (→)</p> <p>► Use an x to indicate part of body struck with impact weapon. (x)</p> <p>► Use a circle to indicate part of body struck with other less lethal force. (O)</p>	
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► Types of injuries resulting from force: S=Serious Injury/V=Visible Injury/C=Complaint of Injury
 ► Photographs are MANDATORY for all visible injury sites and for all sites where subject makes complaint of injury or pain.

Name of Injured (Employee and/or Subject)	Type of Injury	Injury Description	Medical Care			
SALDANA, NOEL	Select One ✓	K9 Bite to lower left leg	Offered <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Requested <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Refused <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Obtained <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
	Select One		Offered <input type="checkbox"/> yes <input type="checkbox"/> no	Requested <input type="checkbox"/> yes <input type="checkbox"/> no	Refused <input type="checkbox"/> yes <input type="checkbox"/> no	Obtained <input type="checkbox"/> yes <input type="checkbox"/> no
	Select One		Offered <input type="checkbox"/> yes <input type="checkbox"/> no	Requested <input type="checkbox"/> yes <input type="checkbox"/> no	Refused <input type="checkbox"/> yes <input type="checkbox"/> no	Obtained <input type="checkbox"/> yes <input type="checkbox"/> no

Please fully describe techniques used, results, and any medical care provided
 (use the incident report narrative to fully describe the reasons for use, escalation or de-escalation of force used)

Attach Copy of Report Narrative and Medical Screening Form

SUPERVISOR REVIEW

Scene: On-scene during force:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Date of Review	Add'l Review Recommended	Reviewing Supervisor
Photographs Taken:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	6/27/10	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<i>Michael E. ...</i>

COMMAND REVIEW

Lieutenant:	Date	Assistant Chief:	Date
<i>[Signature]</i>	6/28/10	<i>[Signature]</i>	6-28-10
Chief of Police:	Date	Professional Standards Section:	Date
<i>Acting</i>		<i>Andy Sun</i>	6/28/10
Comments:			